

Building & Development Services

1102 Lohmans Crossing, Lakeway, TX 78734

Phone: (512) 314-7540 Fax: (512) 314-7541 www.lakeway-tx.gov

APPLICATION FOR CBC DETERMINATION

(CHECK ONE & INCLUDE NECESSARY SUPPORTING MATERIAL)

The deadline for submittal is 4:30 PM on the first or third Friday of the month (10 days ahead of a meeting).

The City Building Commission meet on the 2nd and 4th Thursday at 9:00 AM in the Auditorium at City Hall located at 1102 Lohman's Crossing Road.

ROCKS IN RIGHT OF WAY	ROCKS IN RIGHT OF WAY GOLF COURSE LOT DETERMINATION							
OTHER:		A 0001		Divin	101,			
ADDRESS OF PROPERTY:			LEGAL DESCRIPTION:					
	1							
APPLICANT NAME:	TELEPHONE: E-MA		E-MAIL	AIL				
MAILING ADDRESS:	CITY:			STATE	ZIP CODE			
PROPERTY OWNER NAME:	ТЕГЕРНО	E-MAIL						
MAILING ADDRESS:	CITY:			STATE	ZIP CODE			
MAILING ADDRESS.	CITY:			SIAIE	ZIF CODE			
BRIEF DESCRIPTION OF REQUEST:								
JUSTIFICATION FOR REQUEST:								
			(FOR CITY	ISE ONI V	z)			
SUBMITTAL VERIFICATION/INSPECTION AUTHORIZATION:			(FOR CITY USE ONLY) APPLICATION NUMBER:					
I, as owner of the property hereinafter referenced, do hereby execute this document, and acknowledge the above statements to be true and								
accurate to the best of knowledge. I have received, read and		DETERMINATION DATE:						
understand the terms and conditions of this request, and agree to compliance with all applicable codes and ordinances of the City.		\square APPROVED \square DENIED CONDITIONS: \square YES (SEE BELOW) \square NO						
OPTIONAL		CONDI	11013. 🗆 11	ES (SEE BEI	20W) 🗆 NO			
I authorize my duly authorized agent to coordinate with the City								
representatives and speak on my behalf for the purposes of repreme in regards to this request.	esenting		**************************************					
			Dat	e Stamp				
APPLICANT SIGNATURE			Dav	c Stamp	9 9 9			
APPLICANT SIGNATURE								
			5 5 7					
PRINTED NAME DATE								
				a *****	*********			



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(ADDITIONAL SPACE AS NEEDED FOR AUTHORIZED AGENTS OF THE OWNER)

ADDRESS OF PROPERTY:	
DIVIDED NAME OF CENERAL CONTRACTOR SURCONTRACTOR OF OTHER AUTHORIZE	D A GENTES OF OWNED
PRINTED NAME OF GENERAL CONTRACTOR, SUBCONTRACTOR, OR OTHER AUTHORIZE	D AGENTS OF OWNER
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